

Title 45.  
Subtitle 1.  
Chapter 1.  
Article 4.(New)  
Sexual  
Orientation  
Change Efforts  
§§1,2 -  
C.45:1-54 &  
45:1-55

**(CORRECTED COPY)**

P.L.2013, CHAPTER 150, *approved August 19, 2013*  
Assembly, No. 3371

1 **AN ACT** concerning the protection of minors from attempts to  
2 change sexual orientation and supplementing Title 45 of the  
3 Revised Statutes.

4  
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*  
6 *of New Jersey:*

7  
8 1. The Legislature finds and declares that:

9 a. Being lesbian, gay, or bisexual is not a disease, disorder,  
10 illness, deficiency, or shortcoming. The major professional  
11 associations of mental health practitioners and researchers in the  
12 United States have recognized this fact for nearly 40 years;

13 b. The American Psychological Association convened a Task  
14 Force on Appropriate Therapeutic Responses to Sexual Orientation.  
15 The task force conducted a systematic review of peer-reviewed  
16 journal literature on sexual orientation change efforts, and issued a  
17 report in 2009. The task force concluded that sexual orientation  
18 change efforts can pose critical health risks to lesbian, gay, and  
19 bisexual people, including confusion, depression, guilt,  
20 helplessness, hopelessness, shame, social withdrawal, suicidality,  
21 substance abuse, stress, disappointment, self-blame, decreased self-  
22 esteem and authenticity to others, increased self-hatred, hostility  
23 and blame toward parents, feelings of anger and betrayal, loss of  
24 friends and potential romantic partners, problems in sexual and  
25 emotional intimacy, sexual dysfunction, high-risk sexual behaviors,  
26 a feeling of being dehumanized and untrue to self, a loss of faith,  
27 and a sense of having wasted time and resources;

28 c. The American Psychological Association issued a resolution  
29 on Appropriate Affirmative Responses to Sexual Orientation  
30 Distress and Change Efforts in 2009, which states: “[T]he  
31 [American Psychological Association] advises parents, guardians,  
32 young people, and their families to avoid sexual orientation change  
33 efforts that portray homosexuality as a mental illness or  
34 developmental disorder and to seek psychotherapy, social support,

1 and educational services that provide accurate information on  
2 sexual orientation and sexuality, increase family and school  
3 support, and reduce rejection of sexual minority youth”;

4 d. (1) The American Psychiatric Association published a  
5 position statement in March of 2000 in which it stated:  
6 “Psychotherapeutic modalities to convert or ‘repair’ homosexuality  
7 are based on developmental theories whose scientific validity is  
8 questionable. Furthermore, anecdotal reports of ‘cures’ are  
9 counterbalanced by anecdotal claims of psychological harm. In the  
10 last four decades, ‘reparative’ therapists have not produced any  
11 rigorous scientific research to substantiate their claims of cure.  
12 Until there is such research available, [the American Psychiatric  
13 Association] recommends that ethical practitioners refrain from  
14 attempts to change individuals’ sexual orientation, keeping in mind  
15 the medical dictum to first, do no harm;

16 (2) The potential risks of reparative therapy are great, including  
17 depression, anxiety and self-destructive behavior, since therapist  
18 alignment with societal prejudices against homosexuality may  
19 reinforce self-hatred already experienced by the patient. Many  
20 patients who have undergone reparative therapy relate that they  
21 were inaccurately told that homosexuals are lonely, unhappy  
22 individuals who never achieve acceptance or satisfaction. The  
23 possibility that the person might achieve happiness and satisfying  
24 interpersonal relationships as a gay man or lesbian is not presented,  
25 nor are alternative approaches to dealing with the effects of societal  
26 stigmatization discussed; and

27 (3) Therefore, the American Psychiatric Association opposes  
28 any psychiatric treatment such as reparative or conversion therapy  
29 which is based upon the assumption that homosexuality per se is a  
30 mental disorder or based upon the a priori assumption that a patient  
31 should change his or her sexual homosexual orientation”;

32 e. The American School Counselor Association’s position  
33 statement on professional school counselors and lesbian, gay,  
34 bisexual, transgender, and questioning (LGBTQ) youth states: “It is  
35 not the role of the professional school counselor to attempt to  
36 change a student’s sexual orientation/gender identity but instead to  
37 provide support to LGBTQ students to promote student  
38 achievement and personal well-being. Recognizing that sexual  
39 orientation is not an illness and does not require treatment,  
40 professional school counselors may provide individual student  
41 planning or responsive services to LGBTQ students to promote self-  
42 acceptance, deal with social acceptance, understand issues related to  
43 coming out, including issues that families may face when a student  
44 goes through this process and identify appropriate community  
45 resources”;

46 f. The American Academy of Pediatrics in 1993 published an  
47 article in its journal, Pediatrics, stating: “Therapy directed at  
48 specifically changing sexual orientation is contraindicated, since it

1 can provoke guilt and anxiety while having little or no potential for  
2 achieving changes in orientation”;

3 g. The American Medical Association Council on Scientific  
4 Affairs prepared a report in 1994 in which it stated: “Aversion  
5 therapy (a behavioral or medical intervention which pairs unwanted  
6 behavior, in this case, homosexual behavior, with unpleasant  
7 sensations or aversive consequences) is no longer recommended for  
8 gay men and lesbians. Through psychotherapy, gay men and  
9 lesbians can become comfortable with their sexual orientation and  
10 understand the societal response to it”;

11 h. The National Association of Social Workers prepared a 1997  
12 policy statement in which it stated: “Social stigmatization of  
13 lesbian, gay, and bisexual people is widespread and is a primary  
14 motivating factor in leading some people to seek sexual orientation  
15 changes. Sexual orientation conversion therapies assume that  
16 homosexual orientation is both pathological and freely chosen. No  
17 data demonstrates that reparative or conversion therapies are  
18 effective, and, in fact, they may be harmful”;

19 i. The American Counseling Association Governing Council  
20 issued a position statement in April of 1999, and in it the council  
21 states: “We oppose ‘the promotion of “reparative therapy” as a  
22 “cure” for individuals who are homosexual”;

23 j. (1) The American Psychoanalytic Association issued a  
24 position statement in June 2012 on attempts to change sexual  
25 orientation, gender, identity, or gender expression, and in it the  
26 association states: “As with any societal prejudice, bias against  
27 individuals based on actual or perceived sexual orientation, gender  
28 identity or gender expression negatively affects mental health,  
29 contributing to an enduring sense of stigma and pervasive self-  
30 criticism through the internalization of such prejudice; and

31 (2) Psychoanalytic technique does not encompass purposeful  
32 attempts to ‘convert,’ ‘repair,’ change or shift an individual’s sexual  
33 orientation, gender identity or gender expression. Such directed  
34 efforts are against fundamental principles of psychoanalytic  
35 treatment and often result in substantial psychological pain by  
36 reinforcing damaging internalized attitudes”;

37 k. The American Academy of Child and Adolescent Psychiatry  
38 in 2012 published an article in its journal, Journal of the American  
39 Academy of Child and Adolescent Psychiatry, stating: “Clinicians  
40 should be aware that there is no evidence that sexual orientation can  
41 be altered through therapy, and that attempts to do so may be  
42 harmful. There is no empirical evidence adult homosexuality can  
43 be prevented if gender nonconforming children are influenced to be  
44 more gender conforming. Indeed, there is no medically valid basis  
45 for attempting to prevent homosexuality, which is not an illness.  
46 On the contrary, such efforts may encourage family rejection and  
47 undermine self-esteem, connectedness and caring, important  
48 protective factors against suicidal ideation and attempts. Given that  
49 there is no evidence that efforts to alter sexual orientation are

1 effective, beneficial or necessary, and the possibility that they carry  
2 the risk of significant harm, such interventions are contraindicated”;

3 l. The Pan American Health Organization, a regional office of  
4 the World Health Organization, issued a statement in May of 2012  
5 and in it the organization states: “These supposed conversion  
6 therapies constitute a violation of the ethical principles of health  
7 care and violate human rights that are protected by international and  
8 regional agreements.” The organization also noted that reparative  
9 therapies “lack medical justification and represent a serious threat  
10 to the health and well-being of affected people”;

11 m. Minors who experience family rejection based on their  
12 sexual orientation face especially serious health risks. In one study,  
13 lesbian, gay, and bisexual young adults who reported higher levels  
14 of family rejection during adolescence were 8.4 times more likely to  
15 report having attempted suicide, 5.9 times more likely to report high  
16 levels of depression, 3.4 times more likely to use illegal drugs, and  
17 3.4 times more likely to report having engaged in unprotected  
18 sexual intercourse compared with peers from families that reported  
19 no or low levels of family rejection. This is documented by Caitlin  
20 Ryan et al. in their article entitled Family Rejection as a Predictor  
21 of Negative Health Outcomes in White and Latino Lesbian, Gay,  
22 and Bisexual Young Adults (2009) 123 Pediatrics 346; and

23 n. New Jersey has a compelling interest in protecting the  
24 physical and psychological well-being of minors, including lesbian,  
25 gay, bisexual, and transgender youth, and in protecting its minors  
26 against exposure to serious harms caused by sexual orientation  
27 change efforts.

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29 2. a. A person who is licensed to provide professional  
30 counseling under Title 45 of the Revised Statutes, including, but not  
31 limited to, a psychiatrist, licensed practicing psychologist, certified  
32 social worker, licensed clinical social worker, licensed social  
33 worker, licensed marriage and family therapist, certified  
34 psychoanalyst, or a person who performs counseling as part of the  
35 person's professional training for any of these professions, shall not  
36 engage in sexual orientation change efforts with a person under 18  
37 years of age.

38 b. As used in this section, "sexual orientation change efforts"  
39 means the practice of seeking to change a person's sexual  
40 orientation, including, but not limited to, efforts to change  
41 behaviors, gender identity, or gender expressions, or to reduce or  
42 eliminate sexual or romantic attractions or feelings toward a person  
43 of the same gender; except that sexual orientation change efforts  
44 shall not include counseling for a person seeking to transition from  
45 one gender to another, or counseling that:

46 (1) provides acceptance, support, and understanding of a person  
47 or facilitates a person's coping, social support, and identity  
48 exploration and development, including sexual orientation-neutral

1 interventions to prevent or address unlawful conduct or unsafe  
2 sexual practices; and

3 (2) does not seek to change sexual orientation.

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5 3. This act shall take effect immediately.

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STATEMENT

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10 This bill prohibits counseling to change the sexual orientation of  
11 a minor.

12 Under the provisions of the bill, a person who is licensed to  
13 provide professional counseling, including, but not limited to, a  
14 psychiatrist, licensed practicing psychologist, certified social  
15 worker, licensed clinical social worker, licensed social worker,  
16 licensed marriage and family therapist, certified psychoanalyst, or a  
17 person who performs counseling as part of the person's professional  
18 training, is prohibited from engaging in sexual orientation change  
19 efforts with a person under 18 years of age.

20 The bill defines "sexual orientation change efforts" as the  
21 practice of seeking to change a person's sexual orientation,  
22 including, but not limited to, efforts to change behaviors or gender  
23 expressions, or to reduce or eliminate sexual or romantic attractions  
24 or feelings toward a person of the same gender. The term, however,  
25 does not include counseling for a person seeking to transition from  
26 one gender to another, or counseling that: provides acceptance,  
27 support, and understanding of a person or facilitates a person's  
28 coping, social support, identity exploration and development,  
29 including sexual orientation-neutral interventions to prevent or  
30 address unlawful conduct or unsafe sexual practices; and does not  
31 seek to change sexual orientation.

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36 Protects minors by prohibiting attempts to change sexual  
37 orientation.